

# 14 FAM Exhibit 611.9

## Limitations: Special Crating Request Format

(CT:LOG-51; 02-25-2008)

\_\_\_\_\_  
Requests special crating for the items listed below  
Company Name

for \_\_\_\_\_ This request is being made because  
Employee's Name

Pre-move surveyor feels this is necessary to safely transport item.

Employee wishes the items to be specially crated.

Item	Dimensions	Cube	Cost	Approved/Denied

\_\_\_\_\_  
Authorizing Signatures:  
Signature of Transportation Officer  
\_\_\_\_\_  
Signature of Contracting Officer  
\_\_\_\_\_